VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07778

# 7788 CERTIFICATE OF DEATH

Reg. Dist. No./ 82

1. PLACE OF DEATH	2. UBUAL RESIDENCE (ROME) OF DECEMBE	.10
COUNTY HAR FORD MARYLAND	STATE ME COUNTY HAR	terd
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporete limits, write RURAL and give net	arest town)
X OR and give neerest town TOWN LORD ING TOWN LORD ING TOWN RURA! 2 YEARS	TOWN DAR LINGTON Rus	1 X
HOSPITAL OR	STREET (If rural give location)	TRA.
INSTITUTION OR STREET ADDRESS	ADDRESS	/
0.0		(Day) (Year)
S. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Teat)
(Type or Print) Liaura F	16eRT DEATH AUG	12 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O		R 1 YEAR IF UNDER 24 HRS.
F W (Specify) Widow Mar	10-1884 7/ yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS		Z. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	26.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	110
11.11.11		
INANOUN	INKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, brank.] (If Yes, give wer or detes of service)	Mrs RayMONSCOVERDAY	2
	Darling ten 1	YF-1
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ITIFICATION	ONSET AND DEATH
1-24	XI (Value	111.
1500 IMMEDIATE CAUSE (A)	y court	- Th-
ANTECEDENT CAUSE(S) DUE TO	U	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST, DUE TO		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		1
19 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	0 120	20. AUTOPSY?
march 1955 Cercuma	y com	YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF ETHER, NOTIFY MEDICAL EXAMINER]	ZIC. WHERE DID INJURY OCCUR? (City or town) (Cou	inty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white	21f. HOW DID INJURY OCCUR?	
M, st work of work	0	
22. I hereby certify that I attended the deceased from Alexander	1954, 10 Chey , 1955, that I	last saw the deceased
alive on Aul 19 5 and that death occurred at		
BIGNATURE A A (1)	ADDRESS (Street, city, town, stete)	, DATE SIGNED
MARION Day Much & Kellhon m	Newbursten Min	1 8/13/cc
23. BURIAL, CREMATION,   DAYE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or count)	y) (Stete)
TREMOVAL (SPECIFY)	M 11 11 5. 11 1	l.m 11 1
purial Mugisiss Couther	IN KUTTUSST DUGINA	APTON MO
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	(C) W
DATE 0. 13-55 / Wella Toward	Hoschb - Hotel Rel	lu mo

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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7773 CERTIFICAT	E OF DEATH Reg. Dist. No.	185
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	4 1000
Hastond	TM of Hepl	
COUNTY MARYLAND  CITY (If outside corporate fimits, write RURAL LENGTH OF STAY)	CITY (If ourside corporate limits, write RURAL and give nearest fown	OFO
OR end glye neerest town)  ORDOWN  (in this plece)	TOWN OLDBRADE	· /
A4 HUVEOCE DILGERT	a dellacen.	
HOSPITAL OR HARFORD MEMORIAL HOSDIA	STREET ADDRESS R. D # [It rural give location]	/
3. NAME OF (First) (Middle)	(Lasi) 4. DATE (Month) (Dey)	(Yeer)
(Type or Print) Prigry Fane U	RCHER DEATH 0 //	19 55
5. SEX 6. COLOR OR 7. INCLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 1 (Specify) MORRIED (ALL)	OF BIRTH  9. AGE lest birthdey IF UNDER 1 YEAR  16-1889 6 yrs. Months Deys	Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OR INDUSTRY		EN OF WHAT
13, FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
Robert H. Lisuban	annie Schwer	12.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECTION AND	17. INFORMANT & ADDRESS	7
(Yes, no, or unk.) (N Yes, give wer or dates of service)	James G. arche	9/9
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ERVAL BETWEEN
· · · · · · · · · · · · · · · · · · ·	J. K. Some	106 -
422, IMMEDIATE CAUSE (A)	emonia es	Jacob,
DISEASES OR CONDITIONS, IF ANY, (8) Circumstered	in Cardinostrila Disery	years
GIVING RISE TO THE ABOVE CAUSE		1
STATING UNDERLYING CAUSE LAST. DUE TO		
ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	2	O. AUTOPSY?
	YES	10 NO 🛮
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	2II. HOW DID INJURY OCCUR?	
M.   et work L.   et work L.		
22. I hereby certify that I attended the deceased from	5., 195.), to	w the deceased
alive on	at	ve.
signature A Haten MD		FITTE
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY O	R CREMATORY   LOCATION (City, towns or county)	(Stele)
REMOVAL (SPECIFY) (MILLA 20 33 MIX-PLAN	2000 Melleder Engranting	201 11
24. REC'D BY REGISTRAR   REGISTRAR'S/SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	5
DATE Thug, 25, 1955 T. L. Lewis	All Angle 1 Bu	una ha
DATE Willy , 23, 1933 . a. o. Oseroco		0000

STATE TITLE CERTIFICATE OF DEATH 484 Commercian

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	1183	WALEST BALESTONS 40	0.4.4.2.0
irrect	MEDICAL EXAMINER'S CER	TIFICATE OF DEAT.	Reg. Dist. H NJ. 82
) g	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1
47.	COUNTY Harford MARYLAND	STATE 'NA COUNTY The	erford,
gib]	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give means town)	CITY (If outside corporate limits write RURA)	Land give nearest town)
le le le	OR and give search town) TOWN failstir (we'll 5 ye')	TOWN FALLICION	*
n carefully. Tily and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give loca Rural)	tion) ,f
f information death clearly	(Type of Time)	(RES   4. DATE (Month) OF DEATH Aug.	
infor	Male RACE white WIDOWED, DIVORCED, Market Mar	310.	bays Hours   Min.
G 40	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): // Callway work for the control of the co	R 11. BIRTHPLACE (State or foreign country) Rocks Md	COUNTRY?
SINI	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
P.41	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY No.:	Mrs Russell	
		AL CERTIFICATION	INTERVAL BETWEEN
RESERVED NG INK, Su s: please wi	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Thrombosis (a)	of left coronary artery	ONSET AND DEATH
ES C	Antecedent cause(s)		
Z R	Diseases or conditions, if any, (b)		
MARGIN RI UNFADING Physicians:	giving rise to the above cause DUE TO stating underlying cause last		
AR.	II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
A TH	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	- Accessor - Land Donnellon, and Ballane Donnellon, and the second	
ILY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes 📆 No 🗍
LY, imp	21s. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING   OF street, office bldg., etc. INJURY	,	(State)
E PLAINI especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Wrk At work	21f. HOW DID INJURY OCCUR?	
P. P.	22. I hereby certify that I took charge of the remains describ	oed above, held an Autopsy 🖾 , Inspection	n 🗌, Inquiry 🗌, an
RITI	find that death resulted from: Natural causes . Accid	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
age W	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETER	M. D. ASSISTANT MEDICAL EXAM.  RY OR CREMATORY   LOCATION (City, town,	
SE	REMOVAL (Specify); Jehn3, 53 Highland	1 Presby Street	7/4 m
EA	DATE REC'D BY LOCAL   REGITTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PI	REGG. 1-55. Presella follood	WW Wiehle	* Dunan ma

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

プツツィ CEDTIFICATE OF DEATH 07781

2 61	KIIICAII	. OI DLA	Reg. Dis	1. No. 182
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASI	ED
Harden)		man Mal		mode = 1
COUNTY TO TO WE CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY of outside corpor	COUNTY AT CA	perasi town)
OR end give naerest town)	(in this place)	OR TOWN R. 1	A = 4.4 \	
Jac Maria	12942RS	1151	TIR MOD	<u>52</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS	.0	STREET ADDRESS 41473	(W rural give location	1
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print)	1. West B.	1	DEATH A	10 1955
S. SEX   6. COLOR OR   7. SINGLE, M	ARRIED. 8. DATE C	OF BIRTH	9. AGE last birthday   IFAUND	ER 1 YEAR LIF UNDER 24 HR
M RACE WIDOWED (Specify)	Ma RR 120) Sept	30-1893	61 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b.		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT
done during most of working life, even if	or industry	Alas ad one h	Med	US
13. FATHER'S NAME	MCV ALE.C	14. MOTHER'S MAIDEN I	NAME	
inal+ or Ba	1.	1	1	
VVU/12/(1-12)U	144	1 Waukar	MATERIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yas, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT & A	Ka: Jau	
	215-22-8850	414	Barnes St B.	DAIRMO
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE		RTIFICATION		ONSET AND DEATH
153 X IMMEDIATE CAUSE (A)	METASTATU	C CARCINO	MA	6 MO.
ANTECEDENT CAUSE(S) DUE TO	111111111111111111111111111111111111111		1 . A - 1	INVES
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	CARCINOMA	OF Lou	IER BOWEL	7/10
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDI	NGS OF OPERATION			20. AUTOPSY?
218. ACCIDENT WAS UNDERLYING 2 21b. PLACE ( OF CONTRIBUTING 2 CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, eet, office bldg., atc.)	21c, WHERE DID INJURY OCCUR	(Colly or lown) (Co	unty) (Steta)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED While Not while at work	2H. HOW DID INJURY OCCUP	27	
22. I hereby certify that I attended the d	,	10 44 to 111	49 , 1953 that	Liest case the deserve
60 71 11		1115	//	
	and that death occurred at		acises and on the date state [ESS /(Street, city, toward state)	
SIGNATURE AND MUSE!	//	Theli 1	W MA	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	M. D.	CREMATORY	LOCATION (City, lown, or coun	
Barria) Alig 12/5	5 M+RION		FOUNTAIN GREEN	I/M I
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAL	TURE	25. PHINERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 5-10-56 1 1/21/19	Da forwood	Joseph.	That soll	Bus mul

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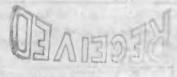
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7790 CERTIFICATE OF DEATH

07782

CITY (Moutside corporate limits, write RURAL of and give nearest town) TOWN TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	ARYLAND GIH OF STAY in this plece)  8 yrs.,	OR _	d COUNTY	He	arford	
CITY (M outside corporate limits, write RURAL end give nearest flown) TOWN Joppe, Rural HOSPITAL OR INSTITUTION OR STREET ADDRESS	GTH OF STAY	CITY (If outside corpore	ete limits, write RURAL and			
Town Joppa, Rural HOSPITAL OR INSTITUTION OR STREET ADDRESS	in this place)	OR _		Releau ealb	lown;	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	o yrs.,	IOMN #ODD	a Drama'l			
STREET ADDRESS			a, Rural		X	
		STREET ADDRESS	(If surel give	locelion)	1	
NAME OF (First) (Middle) DECEASED		(Lest)	4. DATE (Month	) (C	Day) (	Yeor)
(Type or Print) Andrew -	Birk	holz	OF DEATH AT	ig. 3.		,55
. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE OF	BIRTH 9		IF UNDER 1 Y		ER 24 HF
male white Widowed (Specify)Widowed	Mar.28	The state of the s	86 yrs.	Months D	Deys Hou	rs   Min
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)  Brick Layer  105. KIND OF B OR INDUST		II. BIRTHPLACE (Stale or foreign	n country)		COUNTRY?	
. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1		
Antone Birkholz		Unkn	OWR.			
	AL SECURITY NO.	17. INFORMANT & Al	DRESS			
(If Yes, give wer or dates of service) 218-0	9-4035	Vennon Bink	holz, Joppa	Manager?	and	
153 X IMMEDIATE CAUSE (A)	zchex	4			ONSET AND	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) STATING UNDERLYING CAUSE LAST.  (C)	Linom a	1 Brye	bowel		1 4	* .
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	iture 1	rt. hip			3 m	о.
Da. DATE OF OPERATION 196. MAJOR FINDINGS OF OPE	ERATION	7			20. AUTO	PSY?
Ie. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, R CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bis FEITHER, NOTIFY MEDICAL EXAMINER)	dg., atc.)	c. WHERE DID INJURY OCCUR	(City or town)	(County)	(St	nte)
Id. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY While While et work	OCCURRED 2 Not while et work	TH. HOW DID INJURY OCCUR				
REMOVAL (SPECIFY)	death occurred at  M. D.  ME OF CEMETERY OR C.  Sacred Hea	ADDR	uses and on the da	te stated a stele) or county)	DATE	SIGNE (State)

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	· ·	14 4 0 17
MARYLAND STATE DEPARTMENT OF I	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER'	TIFICATE OF DEATH	No. 182
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	4
COUNTY JOOG MARYLAND	STATE MA COUNTY HON	<del></del>
OH and give nearest town), (in this place)	TOWN Conowing V	od give nearest tow
HOSPITAL OR INSTITUTION OR TSTREET ADDRESS	STREET (If rucal, give location	)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (De	ay) (Year)

1	X TOWN Consumos llage	TOWN CON	owing Vil	lagix
y arru	HOSPITAL OR INSTITUTION OR COTREET ADDRESS	STREET ADDRESS	(If rucal, give location)	81
clear	3. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) E/12360 The Amelia Ca-	(Last)	4. DATE (Month) (Day) OF DEATH AMONT 2	(Year) 19 5 5
deach.	Female Windle (Specify): Married al	ri 9,189/	AGE last birthday: IF UNDER 1 YI Months Da	ys Hours Min.
70 8	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work life even if retired):	Prila		COUNTRY!
CRUSO	13. FATHER'S NAME: Schaum	Hulda	en ame: armost	
se the	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give way or dates of service)    16. SOCIAL SECURITY No.:	Benjum	odress: Carrol	Q
ease wri	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	lusion of	Harford Co, Ma	INTERVAL DREWSEN ONSET AND DEATH
lans: pr	DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b) giving rise to the above cause DUE TO			** 241
hysic	stating underlying cause last (c)  IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
الم د	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
A L	19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY7

21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg, etc. OF street, office bldg., etc., INJURY

21d. TIME (Month) (Day) (Year) OF 21e. INJURY OCCURRED (Hour) While at Not while INJURY work | at work

find that death resulted from: Natural causes 7, Accident \_, Suicide \_, Homicide \_,

22. I hereby certify that I took charge of the remains described above, held an Autopsy 🗌 , Inspection 💆 , Inquiry 🔲 , and

SIGNATURE

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. M. D.

21f. HOW DID INJURY OCCUR?

CREMATION. ,NAME OF CEMETERY

21c. (City or town)

(City, town, or county)

(County)

(State)

Undetermined cause [].

Yes | Ne

DATE SIGNED

(State)

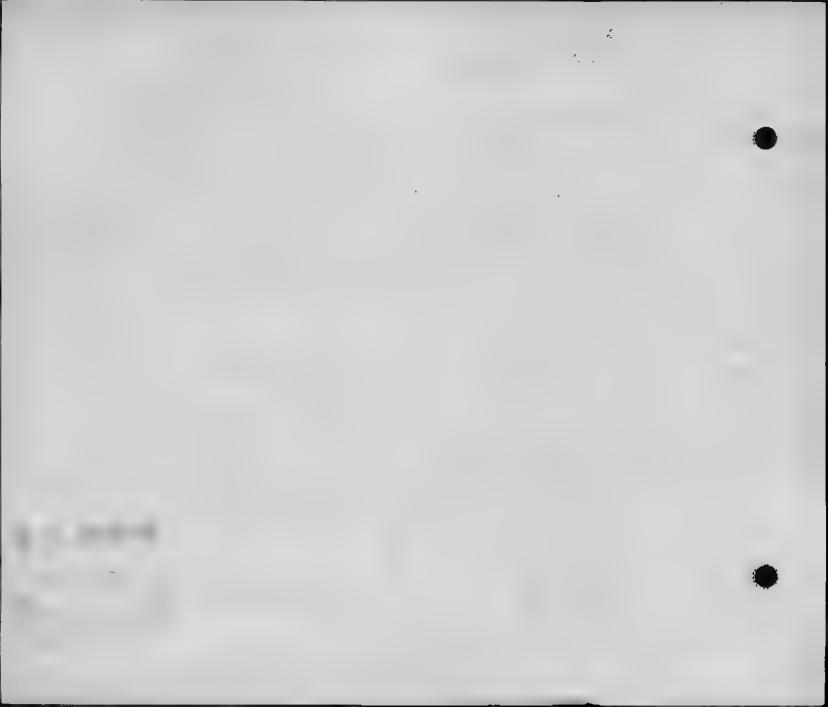
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MARGIN RESERVED FOR BINDING



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7792

## CERTIFICATE OF DEATH

(17784 Reg. Dist. No. 18/

I. PLACE OF DEATH		2. UBUAL REBIDERC	E (HOME) OF DECEMBE	ED
COUNTY Harford	MARYLAND	STATE Marylan	d county Hari	ford
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporet	e limits, write RURAL end give n	earest town)
OR and give nearest town)  X TOWN Aberdeen	(In this piece)	TOWN Aberde	en RURAL	X
HOSPITAL OR TIC A Ucanital		STREET	(If rure) give location	) /
INSTITUTION OR US Army Hospital STREET ADDRESS Aberdeen Proving	Ground Md	ADDRESS RFD #2.	Poplar Hill	,
3. NAME OF (First)	(Middle)	(Lost)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Theresa An	n Conr	nelly	DEATH AUgust	7 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARI	RIED, 8. DATE	OF BIRTH 9.		ER 1 YEAR IF UNDER 24 HRS
Fenale White Specify Si	ngle 6	lugust 1955	yrs. Months	Days Hours Min.
done during most of working lile, even if	IND OF BUSINESS R INDUSTRY NOTE	11. BIRTHPLACE (State or foreign Maryland	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	MOTTA	14. MOTHER'S MAIDEN NA	ME	V.U.
William Joseph Connelly	Jr		Mary Burgess	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
(Yes, no, or unk.)  (If Yes, give wer or detes of service)	None		s in 2)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18, MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
40. V	Prematui	eite		26 hours
ANTECEDENT CALLERY DUE TO	2 2 011301 4 043			
DISEASES OR CONDITIONS, IF ANY, (8)				
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)  FI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			· · · · · · · · · · · · · · · · · · ·	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION N	1		20. AUTOPSY? YES NO K
216. ACCIDENT WAS UNDERLYING 1 216. PLACE (HOT OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, farm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (Co	unity) (State)
W	o, INJURY OCCURRED hile Not while work et work	21, HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the dece		19 55 to Aug	7 19 55 that	1.1
7 And 55	ased from			
	d that death occurred a	2015p M, from the cau	ises and on the date stat (S\$ (Street, city, town, state)	led above.  DATE SIGNED
SIGNATURE	'in' Us		Aberdeen Md	7 Aug 55
22 BUDGAL CREWATION   DATE TUEDOGE	M.D. M.D.			
23. BURIAL, CREMATION, PAMOVAL (SPECIFY)  DAAT. A GALLY G-145.	LOST RA		alerde e e	wardon (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S SIG	SNATURE ,	ADDRESS /
osteling 9-1955 Millie X	- Thry	John 7. 8	orring al	expecured
- 11 0/250	V -		7	

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director,

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 7775

07785

ADDRESS

CER	IFICATI	OF DEA	R	eg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDE		
COUNTY Barford	MARYLAND	STATE Pa	COUNTY	Burks
CITY (If outside corporate limits, write RURAL OR end give necrest town)	LENGTH OF STAY (In this place)	CITY (It outside com	orate Emils, write RURAL e	nd give nearest town)
RATIONN Havre de Grace	2 hrs	TOWN Read		75 X . 13
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(II ruret giv	/
STREET ADDRESS 553 Warren St				incoln Park V
HAN AND REAL PROPERTY.	(elbbi/	(Lest)	4. DATE (Mor	
(Type or Print) Rhoda F.	Donah			ug.10,1955 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL WILDOWED, DIVO	PRCED,		9. AGE lest birthday	Months   Days   Hours   Min.
Female White Widowed		22, 1884	71 Yes.	
	OF BUSINESS NDUSTRY	II. BIRTHPLACE (State or loss		12. CITIZEN OF WHAT COUNTRY?
		Pennsylvani		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Thomas George 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16.	SOCIAL SECURITY NO.	Mary A.St		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	SOCIAL SECORITY NO.			
10	18. MEDICAL CER	CTAGE DO	nahower Re	ading Pa
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEN	TIPICATION	ø <sub>6</sub>	ONSET AND DEATH
40 7. / IMMEDIATE CAUSE (A)	Floriary	Thresul	od in	Sulken
ANTECEDENT CAUSE(S) DUE TO	ronie mi	manditi	- Gost	liber 2 worth.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	nerve pu	Merimia	C 10047	war a samua
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	none			
196. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION	_		20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING   216. PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, OR (IF ETHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCU	JR? (City or town)	(County) (State)
	Not while	211, HOW DID INJURY OCCU	JR?	
22. I hereby certify that I attended the deceas	ed from \$ 112.15	5., 19, to 8.	10/55,19	, that I last saw the deceased
alive on 8/10/55, 19, and				
SIGNATURE PLACE	M.D.	Harne de	GILLI M	n Atolo) DATE SIGNED
23. BURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county) (State)
Removal 8-11-1955	Forest Hil	18	Reading.	Pa.

25 EUNERAL DIRECTOR'S SIGNATURE

NSTRUCTIONS

HYSICIAH DR HOSTINAL: The ay be retained by the hospital

TO FUNERAL D The bottom c

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24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

Lie it Pittimens son Englished

(Yaer)

19 , 5

IF UNDER 24 HRS

Hours

ONSET AND DEATH

20. AUTOPSY?

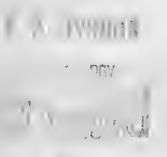
NO

(Stata)

(Stelle)

YES X

COUNTRY?





after death, After this , the third copy of this

director, the third

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07787

# CERTIFICATE OF DEATH

180 Reg. Dist. No.

Cy 22 Can

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harford MARYLAND	STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outsida corporate limits, write RURAL and give neerest town)
IOWN TOWN	OR TOWN
HOSPITAL OR	STREET (II rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Hartha Elizabeth	Hancock DEATH Aug. 18 19 55
	ATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HR
Temale white (Spacify) married Ju	ne. 24. 1876 79 yrs. Months Days Hours Min
IOa. USUAL OCCUPATION [Give kind of work   1 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even it OR INDUSTRY	COUNTRY?
TOTOGRATIO	Virginia U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Thompson	Unknown
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO	O. 17 INFORMANT & ADDRESS
Yas, no, or unk.) (If Yas, give wer or dates of service)	Mrs. Frank Jones, Edgewood, Maryland
	CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422 / IMMEDIATE CAUSE IA) CONGEST	WE HEART LAILURE 1914
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) TIKITE 10.5C A	EKOTIC CARDIDUASCULLES THES
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(a) DISLASI	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	PHIC HRIHRITIS
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO ().
Pie. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, Jerm, Jaciory, DR CONTR BUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while At work at work	211. HOW DID INJURY OCCUR?
	V.G., 1957, to I.G. AUG., 1955, that I last saw the decease
alive on 18 17 9	ed at
TIMe male by	ADDRESS (Straal, city, town, stata)  DATE SIGNE
M.O.	BOX 45, EDGEWOW, 40, 18 HUGS
23 BURIAL, CREMATON, DATE THEREOF , NAME OF CEMETER	Y OR CREMATORY LOCATION (Gty, town, or county) (State)
	Son F.H. Marion, Smyth, Virginia
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE LUA 191955 MARAL & MARAL	Howard K. Mc Comas & Son Abingdon, Md.

PHYSICIAN OR HOLFITAL THE law requires that the death certificate be executed within 24 hours after death, has be retained by the hospital or attending physician. FUNERAL EXECTOR: The law requires that the death certificate be filled with the registrar within 72 h certificate has been executed by the attending physician and completely filled in by the funeral direct death certificate assembly should be detached for use as a burial transit permit. The bottom co TO FUNERAL 2

BLE. .. A &

Pant SS DUA,

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72 hours after death. After director, the third copy of

registrar within 7 by the funeral

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certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

TO POPULACE

fer thed within 24 hours after death.

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#### CERTIFICATE OF DEATH 7777

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harfird MARYLAND	STATE Tild. COUNTY I Far force
CITY (If outside cognorate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give neglect lown) (in this place)	TOWN Havre de Grace : 4
HOSPITAL OR	STREET (If rural give location)
DASTREET ADDRESS 827 S. Trailing ton SI	4 ADDRESS 527 S. & asking ton S!
3. NAME OF DECRASED (First) (Middle)  TATHERINE (Middle)  TATHERINE (Middle)	THEWSHOPPER DEATH ALE 4 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 19. AGE last birthday 1 # UNDER 1 YEAR HE UNDER 24 HRS
FEMALE VWHITE Specify WID OWNED MA	Y 18. 1866 89 yrs. Months Days Hours Min.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stella or foreign country)  12. CITIZEN OF WHAT COUNTRY?
roticed I four it ife Retired	MD. 715.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
X & MATHEWS	HELEN SAPPINGTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Who D. Laggley Lyon-Have it Seas Mo
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
CIRIX IMMEDIATE CAUSE (A) COMMENTE	Hempy May 9 ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	lerosis - Hollenews
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	**
194 DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A CONTRACT WAS IN INC. OF THE CONTRACT OF THE	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, form, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19.44, 10. 4-4, 19.15, that Llast saw the deceased
1 . 11 42 / /	at M, from the cases and on the date gated above.
To Tourn	The last Northela bal ?
	TR ORLING (City, Town, or county) (State)
BURIAL 18-6-1955 ANGEL	
24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE : 9 6 1955 G. X. Xeinio M. a	IR Madison Mithe the K Hoord Have No

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# PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed hay be retained by the hospital or attending physician.

24 hours after death.

TO INTERESTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERI	IFICALI	E OF DEA		No. 182
Item 5, Film G186 9-20-55 et				
1. PLACE OF DEATH	***************************************	2. USUAL RESIDEN	CE (HOME) OF DECEASED	
COUNTY HARFORD	MARYLAND	STATE MO	COUNTY HOR.	tord
CITY (II dutside corporeje limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (Il outside corpore	eta limits, write RURAL and give name	est town)
X TOWN Harterd	3 YEARS	TOWN Be)	AIV MA	34
HOSPITAL OR INSTITUTION OR COUNTY HOME		STREET ADDRESS	(# rurel give location)	1
	liddle)	(Lust)	4. DATE (Month)	(Day) (Yaer)
(Type of Print) ALICE	JOHI	USON	DEATH August	8 155
S. SEX   6. COLOR OR   7. SINGLE, MARRIED	), 8. DATE		. AGE last birthday IF UNDER	
Female Col. (Spacify) Wid	Man	1873	\$2_ yes. Months	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND	OF BUSINESS NDUSTRY	11, BIRTHPLACE (State or foreig	n country) 12,	CITIZEN OF WHAT
retired) 3/1 - 1/1	e Wite	Harters	1	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Alo Volde P Co	DWS	Jenni 7	Ppipo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS				
(Yas, nd. grunk.) (If Yas, give war or dates of service)		James A Co	RNS R. IDIOMA	RDI
				INTERVAL BETWEEN ONSET AND DEATH
/F/X IMMEDIATE CAUSE (A) Carcinoma of Stomach				/3
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) NOTE	<u> </u>			
STATING UNDERLYING CAUSE LAST. DUE TO				
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE 15 CLASSING DEATH.	<del>-</del>			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
218. ACCIDENT WAS UNDERLYING   216. PLACE (Home,	farm, factory.	21c. WHERE DID INJURY OCCUR	? (City or town) (Count	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off			14., 0., 10., 10.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NJURY OCCURRED Not while	21f. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the deceased from July 1, 19.55 g, to Aug. 8, 19.55, that I last saw the deceased				
alive on Aug. 7, 1955, and that death occurred at 9:39%, from the causes and on the date stated above.				
SIGNATURE ( ADDRESS (Siraat, city, lown, state) DATE SIGNED				
Cleolard P Fuldsond Forest Hill, Md. 8-8-55				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)				
Buria   Aug 11/1955	ASSavo	Methodist	Be AIR HAR	CRD Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR'S S	IGNATURE TO 12 1	ADDRESS
DATE 8-4.35 Previlla	Forward	Jose les	Hosley Ox	cur 120

Aug. - Aug.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 .. After copy CERTIFICATE OF DEATH third 1. PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED AND COUNTY C MARYLAND LENGTH OF STAY (If outside & rootate limits, write RURAL and give nearest town) CITY Ilf outside corporate limits, write RURAL director, OR end give negrest town) (In this place) TOWN ono Wi STREET HOSPITAL OR (Hears) give location) INSTITUTION OF **ADDRESS** within funeral STREET ADDRESS (Middle (Lost) 4. DATE (Month) (Day) (Yeer) NAME OF DECEASED registrar by the f DEATH IF UNDER 24 HRS SINGLE, MARRIED, DATE OF AGE last birthday IF UNDER 1 YEAR WIDOWED, DIVORCED, Months Deys (Specify DIO) <u>ء</u> ي 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) with filled COUNTRY? that the death done during most of working life, even if ADORER filed 13. FATHER'S NAME completely 99 physician. 16. SOCIAL SECURITY NO requires that the death certificate (Yes, no, or unk.) and INTERVAL BETWEEN by the hospital or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician 35 IMMEDIATE CAUSE USB DUE TO ANTECEDENT CAUSE(S) attending pletached for DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO cute Bacterial Endocarditis detached II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the DISEASE OR CONDITION CAUSING DEATH. 9 20. AUTOPSY? 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION The law YES NO X pluods 21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 21c, WHERE DID INJURY OCCUR? (City or lown) (County) (State) 21b. PLACE (Home, larm, fectory, executed OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) TO FUNERAL DIRECTOR: assembly 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21. HOW DID INJURY OCCUR? Whila Not while at work at work 3 , 19.55, that I last saw the deceased 22. I hereby certify that I attended the deceased from .... eath certificate alive of ... and that death occurred at ..... certificate has ADDRESS (Street, city, town, stele) SIGNATURE DATE SIGNED 1-55 10AA M.D. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION. DATE/THEREOF A15C REMOVAL ((SPECIFY) 2S. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D-BY REGISTRAR

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#### 計 this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After of CERTIFICATE OF DEATH copy 24 hours 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Harfor d STATE COUNTY COUNTY MARYLAND LENGTH OF STAY CITY (if outside corporate limits, write RURAL and give nearest town) (If outside corporeta límits, write RURAL director, and give naerest town) (In this place) OR TOWN TOWN Street STREET HOSPITAL OR **ADDRESS** INSTITUTION OF within STREET ADDRESS (Middla) 4. DATE (Month) (Dey) (Year) (First) (Last) 3. NAME OF DECEASED OF registrar by the f that the death certificate be DEATH 8 15 19 55 (Type or Print) Blanche Murray 8. DATE OF BIRTH SINGLE, MARRIED 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR S. SEX WIDOWED, DIVORCED RACE Months Days Hours (Specify) Married F Colored 4-14-1914 yıs. 윤.뜨 IDe, USUAL OCCUPATION (Give kind of work KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT cate be filed with t completely filled ial transit permit. OR INDUSTRY COUNTRY? done during most of working life, even if LTOUSEWILL 13. FATHER'S NAME NSTRUCTIONS requires that ng physician. 16. SOCIAL SECURITY NO. 15. WAS DECEASED EYER certificate (If Yes, give suct or detes of service) (Yes, no, grafik.) Murray Street N burial and 16. MEDICAL CERTIFICATION INTERVAL SETWEEN ONSET AND DEATH by the hospital or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH the attending physician a detached for use as a ₩e requires that the death Cerebral vascular accident 2 hours IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) Hypertensive cardiovascular disease 10 years DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19a. DATE OF OPERATION pe <u>\*</u> YES | NO refathed should 218. ACCIDENT WAS UNDERLYING 21b PLACE (Homa, farm, factory, OF INJURY street, office bldg., atc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) The executed OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ACTOR: 21f. HOW DID INJURY OCCUR? assembly 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED e Pe Not while While at work 22. I hereby certify that I attended the deceased from Oct. 28., 19.50 , to Aug. 15. , 19.55 , that I last saw the deceased certificate .., and that death occurred at 2130 RM, from the causes and on the date stated above certificate has death certificate alive on Aug . 4. ADDRESS (Street, city, town, stete) DATE BIGNED SIGNATURE The bottom . 10M 8-16-55 Forest Hill, Maryland NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Slafa) DATE THEREO! 23. BURIAL CREMATION. A15C REMOVAL (SPECIFY) DURIA ADDRESS REC'D BY REGISTRAR 25-FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

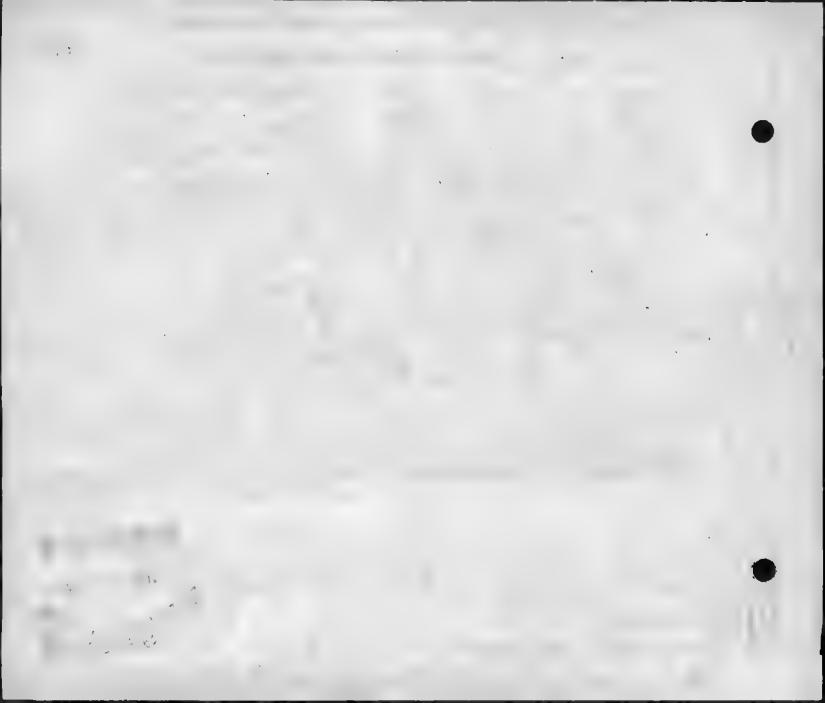
07796 Reg. Dist.

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#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CER	TIPICATE OF DEATH No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Harford MARYLAND	STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL (in this place)  4 yrs	CITY (If outside corporate imnts write RURAL and give nearest town) OR TOWN Edgewood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) /
3. NAME OF (First) (Middle)  CType or Print) John  (First) (Middle)  Francis (707)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MAN 119 5 5
111120	14,1919 36 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even the mechanic   JNDUSTRY:  (U.S. GOVT.,	Maryland (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
18. FATHER'S NAME:  James A. Norris	14. MOTHER'S MAIDEN NAME: Louise Goodwin
(Vac no or unk ) ( If Vac cive wer or datas of	17. INFORMANT & ADDRESS: inis L. Norris, Edgewood, Maryland.
DUE TO  Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	leviel endocardilis
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
	Yes 🗆 No 🔁
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bidg., etc., INJURY	
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at Not while   INJURY   M.   work   at work	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes I, Accid	ed above, held an Autopsy , Inspection , Inquiry , and lent , Suicide , Homicide , Undetermined cause .
SIGNATURE Develd C Palmer	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):  Burial  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG. 1/1 (GCC)	
ung 11, 1733 Trouble D. Morre	* Allend 10 THE STEERS XI





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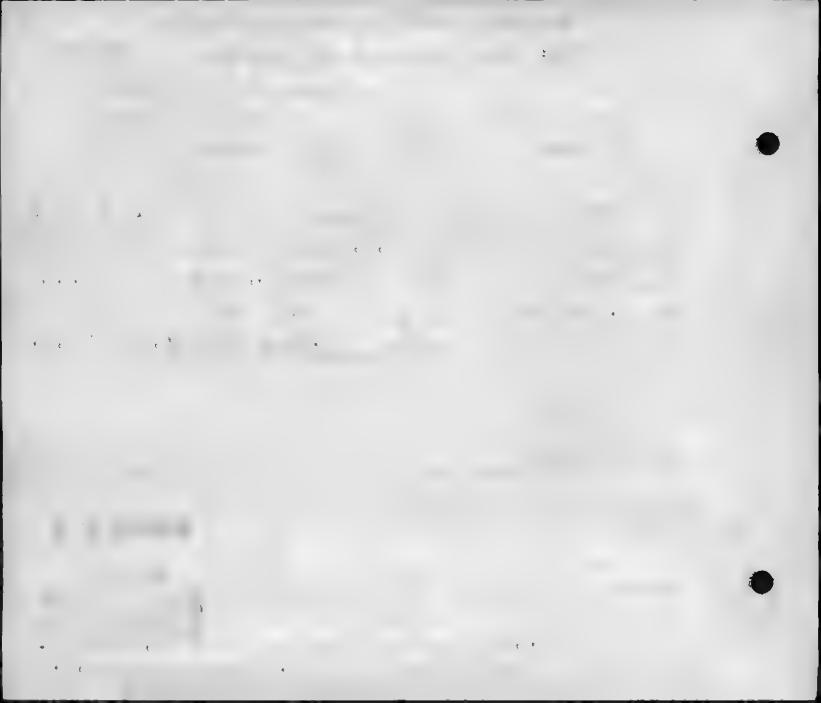
physician.

attending

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 7793 CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Harford COUNTY MARYLAND STATE Maryland Harford COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give naurest town) and give negrest town) (in this place) TOWN Churchville TOWN Lifetime Churchville HOSPITAL OR STREET (if rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Lest) 4. DATE (Month) (Day) Clearl DECEASED OF (Type or Print) Joseph DEATH Harvey Scarborough 19 55 R DATE OF BIRTH COLOR OR SINGLE, MARRIED 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Devs Hours (Specify) widowed male white May, 31, 1866 89 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (Stele or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Proprietor Drug Store Harford Co., Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel J. Scarborough Amelia Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS [Yas, no, or unk.] (If Yes, give wer or dates of service) H. Miller Scarborough, Churchville, Md. none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 7.6 7 IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSEIS) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 194. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21e. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeerl (Hour) 21a, INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work al work 22. I hereby certify that I attended the deceased from... 555 that I last saw the deceased and that death occurred at 3/20 ...M, from the causes and on the date stated above. ADDRESS (Street, city, Jown, state) DATE SIGNED Chica NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. DATE THEREOF LOCATION (City, fown, or county) (State) REMOVAL (SPECIFY) Aug. 8.1955 REGISTRAR'S SIGNATURE Presbyterian Churchville Churchville Harford. 24. REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE Abingdon, Md.



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23. BURIAL, CALINA REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE 24, REC'D BY REGISTRAR

DATE

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7783

# CERTIFICATE OF DEATH

		17801 No. 8
eg.	Dist.	No. / 8

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Har ford. MARYLAND	STATE Maryland. COUNTY Hartord.
CITY (II outside corporate limits, write RURAL LENGTH OF STA OR and girls nearest/fown) (in this place)	Y CITY (If outside corporete limits, write RURAL and give nearest town) OR
I TOWN aberd egg	TOWN aker been.
HOSPITAL OR INSTITUTION OR #	STREET ADDRESS
1 - STREET ADDRESS 33 Tut. Royal Hue.	33 Tet. Noyal Hue.
3. NAME OF (First) (Middle) DECEASED //	(Lasi) 4. DATE (Month) (Dey) (Year)
(Type or Print) Helen Viells	VILOSUPSORL DEATH aug. 16th 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. RAGE WIDOWED, DIVORCED, 4	DATE OF BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White (Specify) Widowed	ely 19th 1884 71 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) House write. House.	Mary land. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tetter Stewart Osborn	Sarah Rebecca Wells.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS # 20786 zuged ST.
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Harry R. Osborn aberdoon und
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION / INTERVAL SETWLEN ONSET AND DEATH
11201	tibrilation terminal
IMMEDIATE CAUSE (A)	
DISEASES OR CONDITIONS, IF ANY, (B)	al Inderetion a days
GIVING RISE TO THE ABOVE CAUSE DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1001/5/0M × 3943.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE O OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M, at work at work	
22. I hereby certify that I attended the deceased from	19 17 to AVX 10 , 19 25 , that I last saw the deceased
alive on The American 1905. And that death occu	rred at 5.32AM, from the causes and on the date stated above.
BIGNATURE	ADDRESS (Sheet, city, lown, stata) DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF I NAME OF CEMEI	
REMOVAL (SPECIFY)	
Buria ( aug 19-1955 / 13a Per	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dateling. 17-93 William J. Tim	your 7. yarring wereen we.



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7785 CERTIFICATE OF DEATH 07803 1850

Reg. D	st. No
1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASE	ED /
COUNTY HORFORD MARYLAND STATE MARYLAND COUNTY HO	Rrord.
OR and give nearest lown) (in this place) OR	neatest fown)
STOWN HOYPE-de GROCE about 25 you TOWN HOYDE-de-C	race X4
HOSPITAL OR INSTITUTION OR HAP FORD MCHARIGI HOSPITAL STREET ADDRESS 609 Fink CL	Ley.
3. NAME OF DECEASED CILFRED (Middle ) TOUGHM 4. DATE (Month) OF DEATH QUEVE	730 (Year)
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, Specify Dissiscell 3-17-1897 58 yrs.	DER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.
toe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY OR INDUSTRY SOUTH GROLING	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alexander Taughor Rena (unknown	~ )
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS  [Yes, no, or unk.] (If Yes, give wer or dates of service)	of Pank Clery
18. MEDICAL CERTIFICATION	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CARDIAC Failure	ONSET AND DEATH
ANTECEDENT CAUSEIS DUE TO & 0 to the OD to	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO  (C)  (C)	
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190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING   21b PLACE (Home, Term, Tectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (CO CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)	ounly) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  While of work stowerk stowerk	
22. I hereby certify that I attended the deceased from \$12, 1955, to 8130, 1955, tha	
alive on	DATE SIGNED
23. BURIAL CREMATION DATE HEREOF NAME OF CEMETERY OR THE ATTORY LOCATION (City, lown, or con	(Slete)
Busine Sept. 3, 1953 Ah James a. M. E. Cem Stane de	Hades MI

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARDICAL.	EXAMINER'S	CERTIFICA	ATE OF	DEATH.

	MEDICAL EXAMINER S CER	TIPICALE OF DEATE	l No. 100
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Š	COUNTY Harford MARYLAND	STATE METALLEOUNTY	
legib	CITY (If outside corporate limits, write RURAL OR and give nearest town)  Y TOWN  LENGTH OF STAY  (in this place)	CITY (If outside corporate limits write RURAL OR TOWN	and give nearest town)
bus 4	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location ADDRESS	n) \
clearly	8. NAME OF (First) (Liver Middle)  (Type or Print) Mans Liver 2	(Last) 4. DATE (Month) (1) OF DEATH Avenue	Ony) (Year)
death	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, S. DATI	OF BIRTH: 9. AGE last birthday: F UNDER Months	I YEAR IF UNDER 24 HRS. Days Hours   Min-
To o	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
causes	13. FATHER'S NAME: L'alter T. Givens)	Gurah Louie Kin	isley
e the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 219-10-6525	17. INFORMANT & ADDRESS: Lineberry	11 Buller
write	18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
please	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    // C X   Carrier     Immediate cause   (a)	east with wide mitista	ONSET AND DEATH
	Antecedent cause(s)		
iar	Diseases or conditions, if any, (b)	1 A + 1 17 V17 7	
310	stating underlying cause last		
t. Physicians:	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
ortant,	190. DATE OF OPERATION: 195. MAJOR FINDING OF OPERATION:		
			20. AUTOPSY?
JOE		euc Commission Commission	Yes 🗆 No 🕞
	21a EXTER AL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc.	21c. (City or town) (County)	
cially important.	21a EXTER AL CAUSE WAS   21b. PLACE (Home, farm, factor)	(County)	Yes 🗆 No 🕞
	21a EXTER AL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY  22d. I hereby certify that I took charge of the remains descril	21f. HOW DID INJURY OCCUR?  ced above, held an Autopsy [], Inspection	Yes No Sylvate)  (State)
especially	21a EXTER AL CAUSE WAS PRIMARY OF CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY  22d. I hereby certify that I took charge of the remains descripted find that death resulted from: Natural causes 1, Accident	216. (City ex town) (County)  216. How DID INJURY OCCUR?  Deed above, held an Autopsy [], Inspection lent [], Suicide [], Homicide [], Under	Yes No (State)  (State)
18 езресівну	21a EXTER AL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY  22d. I hereby certify that I took charge of the remains descril	216. (City ex town) (County)  216. How DID INJURY OCCUR?  Deed above, held an Autopsy [], Inspection lent [], Suicide [], Homicide [], Under	Yes No S. (State)
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age is especially	21s EXTERIAL CAUSE WAS PRIMARY OF CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF while at work of at work of the remains described that death resulted from: Natural causes of the remains described of the remains descr	216. (City & town) (County)  216. How did injury occur?  Ded above, held an Autopsy [], Inspection dent [], Suicide [], Homicide [], Under CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  BY OR CREMATORY   CATION (City, town, or	(State)  (State)  (State)  (State)
ge is especially	21s EXTERIAL CAUSE WAS PRIMARY OF CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while injury  22. I hereby certify that I took charge of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from: Natural causes of the remains descrift find that death resulted from the remains descrift find that death resulted from the remains descrift find that death resulted from the remains descrift find that death resulted find that death resulted from the remains descrift find that death resulted from the remains descrift	216. (City & town) (County)  216. How did injury occur?  Ded above, held an Autopsy [], Inspection dent [], Suicide [], Homicide [], Under CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  BY OR CREMATORY   CATION (City, town, or	(State)  (State)  (State)  (State)
ge is especially	21s EXTERIAL CAUSE WAS PRIMARY Or CONTRIBUTING Define bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY  22. I hereby certify that I took charge of the remains descril find that death resulted from: Natural causes of the remains descril SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):  CARTURE  CARTURE  CARTURE	216. (City & twn) (County)  216. HOW DID INJURY OCCUR?  Deed above, held an Autopsy [], Inspection dent [], Suicide [], Homicide [], Under CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  BY OR CREMATORY CATION (City, town, or the county) and the county of	(State)  (State)  (State)  (State)  (State)

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# 78 2 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

WEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 18
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I. PLACE OF DEATH: /	2. USUAL RESIDENCE, (HOME) OF DECEASED;
COUNTY CALS II MARYLAND	STATE COUNTY
CITY (If outside, corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest towh) (in this place)	OR TOWN CLESTES T
HOSPITAL OR INSTITUTION OR **FSTREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED: (First) (Middle) (Type or Print) (P) d(c) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH A ng ust 0 19 0 5
5. SEX:  6. COLOR OR NICE:  7. SINGLE. MARRIED, NICONECED, Specify):  8. DATI	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	R. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	MOTHER'S MAIDEN NAME:
Lave Trace	Prepare Times les
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
18. MEDIC	AL CERTIFICATION INTERVAL BETWEEN
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  DUE TO  Diseases or conditions, if any, giving rise to the above cause DUE TO	Hace check with tackersia
stating underlying cause last (e)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🗆 No 🞝
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. M. work \(  \) at work \(  \)	21f. HOW DID INJURY OCCUR?
	bed above, held an Autopsy 🗌 , Inspection 👌 , Inquiry 🔲 , and
find that death resulted from: Natural causes & Accidentations of the signature of the sign	dent [], Suicide [], Homicide [], Undetermined cause []  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  DATE SIGNED
DATE REC'D BY LOCAL   RESISTRATES SIGNATURE,	RY OR CREMATORY   LOCATION (City, toyn, or county) (State)
REG. 12 100 C - 2 Till 12 X Said	- I find the text of the territor of the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. T MARGIN RESERVED FOR BINDING

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dimetor, the

Continued by ECTOR: The law requires that the death certificate be filed with the registrar within 72 hours and completely filled in by the funeral dimetor death certifical assembly should be detached for use as a burial transit permit.

TO FUNDAMENT

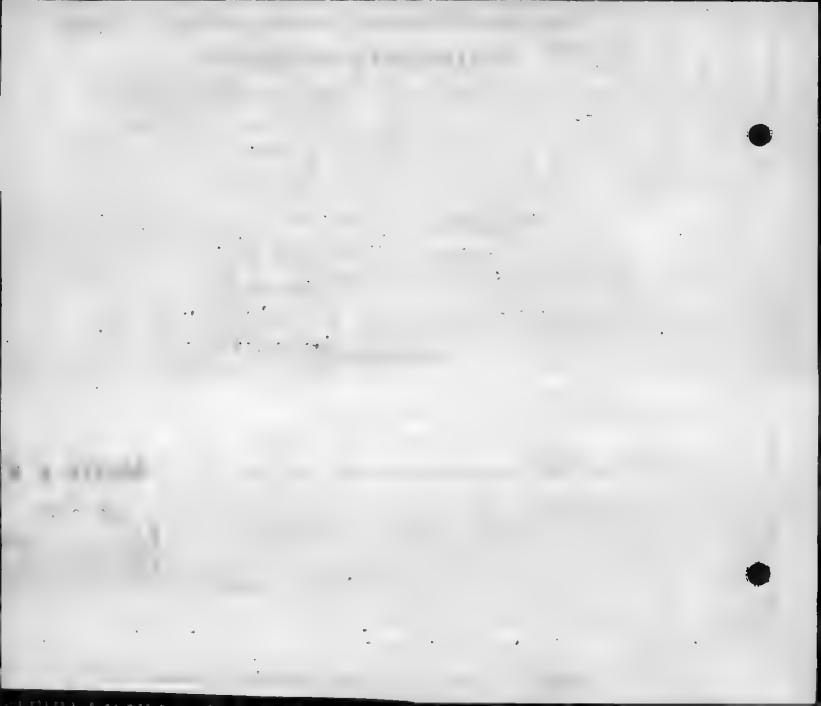
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7786

# CERTIFICATE OF DEATH

07806

1. PLACE OF DEATH		2. USUAL RESIDEN	NCE (HOME) OF DECEA	SED
COUNTY HARLADI	MARYLAND	STATE Pr	COUNTY	
CITY (If outside corporate Amits, write RURAL	LENGTH OF STAY		prete fimils, write RURAL and give	nearest lown)
OR end give neerest town	(in this place)	OR TOWN PLI	1 1 / 1	7
12 12 /Y O	13 MOUTHS	1//110	del Phia	1- X - ,
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	/ (If rural give locat	on)
STREET ADDRESS		A SOURCE OF THE SECOND		V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print)	1 11	11	DEATH ALL	/
has 111-21	had MI	MEMS	1 400	60 1955
S. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, I	DIVORCED, 8. DATE C	OF BIRTH	9. AGE lest birthday (FU)	IDER 1 YEAR IF UNDER 24 HR
(Specify)	UNAMED KALL	22-1598	56 yrs. Moni	ns Days Hours Min.
	KIND OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
done during most of working life, even if refired)	OR INDUSTRY	R	Λ	COUNTRY?
13. FATHER'S NAME	15- Wite	BrunsWick	50	45
IS. PATHERS NAME	11	14. MOTHER'S MAIDEN	NAME	¥
( ) Allande	"	EMMA	(UXKNOWN)	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT &	DDRESS	1 / m 1/1
(Yes, no, or unit.) (If Yes, glye war or deles of service)		100 - h_ 1	1 11- PL	WIK MA
	18. MEDICAL CER	YIMS_AIRUI	179 UNAMBER	2.5
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H 18. MEDICAL CEN	RTIFICATION		ONSET AND DEATH
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	RETOUTUR	OF UICK	, 03	14783
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.		· · · · · · · · · · · · · · · · · · ·		
196. DATE OF OPERATION 196. MAJOR FINDING	5 OF OPERATION			20 AUTOPSY?
PARTICIPANT MAS INSPINANCE TO LONG BLASS W				YES NO
	oma, ferm, factory, t, offica bidg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or lown) (	County) (Stata)
	le. INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?	
	/hile Not while work et work			
22 I have be sentified that I attended the day	and a Creene	103 1 10	August 5	
22. I hereby certify that I attended the dec	sased from	7 15 A	aug, 19.53, the	it I last saw the decease
alive on 1955 ar	id that death occurred at	1.to	causes And on the date s	tated above.
SIGNATURE		M ADD	RESS (Straat, city, town, stata	1 12
XII BULLOCK	M D.	120000	W MU	6aug 50
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, or co	unity) (Stere)
K	-0 P.11 10	france or 4.5	Philedapphia	UD
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	SE NOTING	25. FUNERAL DIRECTOR'S	SECNATION	ADDRESS ADDRESS
B. 1 17.   10	. P	TOTAL DIRECTOR'S	7 -2 7 0-	AUUKCSS
DATE 8 6 53 Privil	la tomova	JAREAN JY	racing vacker	~ Med



TO ATTENDIN

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# 7787

## CERTIFICATE OF DEATH

FGOUNTY !	DEATH	mont. 1	2. USUAL RESIDENCE (HOME) OF	Reg. Dist. No. 8
	nd //	MARYLAND	STATE PLANTS COUN	1 / farfore
OR and dis	de corporate limits, write RURA ra neerest town)	LENGTH OF STAY	CITY 41 outside corporete limits, write RUR/ OR TOWN	Cr eug Bive uesten town
HOSPITAL OR	to che sta	18 1 12 B		l give location)
INSTITUTION O	OR SS		ADDRESS //7 //	Uliford
3. NAME OF DECEASE	(First)	(Middle)	CAL OF	Month) (Dey), (1
(Type or Print) 5. SEX	6. COLOR OR 17. S	INGLE, MARRIED, 8.	DATE OF BIRTH / 9. AGE last birthda)	FUNDER 1 YEAR TIF UND
male	_RACE/ V	VIDOWED, DIVORCED,	5/2/1670 GA	Months Days Hour
	PATION-(Give kind of work	1 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF W
dona during in	ost of working-life, even if	ORTHOUSTRY	Hardand Com	COUNTRY?
13. FATHER'S NAM	IE DAN ON	1	14. MOTHER'S MAIDEN NAME	
15 SWAS DECEASE	D EVER IN U. S. ARMED FOR	CES?   16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS	red of
(Yes, no, or unk.)	(If Yes, give wer or detes of s	114 1	000 11 111	of Thered to
em	(1036)		L CERTIFICATION /	INTERVAL BE
1 pm 1 V	ONDITIONS DIRECTLY LEADING	PAHAINA	MA A Thomason	ONSET AND
	AEDIATE CAUSE (A) CEDENT CAUSE(5) DUE T	o Carranty	me of Xarman	
	NDITIONS, IF ANY, (8)			
STATING UNDERLY	ING CAUSE LAST. DUE T	0		
	ANT CONDITIONS CONTRIBUT	ING		
	NOTION CAUSING DEATH.	OR FINDINGS OF OPERATION		20. AUTO
			21c, WHERE DID INJURY OCCUR? (City or town)	YES 🗌 🕴
DISEASE OR CO	A.C. MAINTENANCE PT 1 Oct			(County) (St
DISEASE OR CO 19e. DATE OF OPE 21e. ACCIDENT W OR CONTRIBUTING	CAUSE OF DEATH OF IT	PLACE (Home, ferm, fectory, NJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR! (City of fown)	
DISEASE OR CO 19e. DATE OF OPE  21e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH OF IT	NJURY street, office bldg., etc.)  (Hour) 21e. INJURY OCCURRED White Not white	211. HOW DID INJURY OCCUR?	
DISEASE OR CO 19e. DATE OF OPE 21e. ACCIDENT W OR CONTRIBUTING (IF ETHER, NOTIFY) 21d. TIME OF INJU	CAUSE OF DEATH OF INMEDICAL EXAMINER)  RY (Month) (Dey) (Year)	(Hour) 21e, INJURY OCCURED Not white et work et work	211. HOW DID INJURY OCCUR?	that last saw the
DISEASE OR CO 19e. DATE OF OPE 21e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU	CAUSE OF DEATH OF IN MEDICAL EXAMINER)  RY (Month) (Dey) (Year)  Cerkify that I attended	(Hour) 21e, INJURY OCCURRED While Not white M. et work et work	211. HOW DID INJURY OCCUR?	J, that I last saw the deep date stated above.
DISEASE OR CO 19e. DATE OF OPE 21e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. TIME OF INJU  22. I hereby	CAUSE OF DEATH OF INMEDICAL EXAMINER)  RY (Month) (Dey) (Yeer)  Servicy that I attended	(Hour) 21e, INJURY OCCURRED While Not white M. et work et work	211. HOW DID INJURY OCCUR?	e date stated above.

BE ESOMITANT-HICIARY TO TARRETTATED STATE CARRETTE AND

CERTIFICATE OF DEATH

BUREAU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07808 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.

	COL	MEDICAL MARMINER S CERTIFICATE OF BEATH N	O. milingering
	9	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	1
	F. F.	COUNTY DAY LAND MARYLAND STATE CLASSANCE COUNTY DALLEY	en
	ully. legib	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and given a state of the corporate limits with the corporate	ve nearest town)
	19 <b>⊟</b> 3	TOWN Courselle Jones. TOWN BALINTUNGELLE 4	LOX_3
- 10	g and	HOSPITAL OR Level Communicate Fire Buff STREET ADDRESS PORT BOLL STREET BOLL STRE	1
181	tion	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day)	(Year)
1	cle	OECEASED: TROY ELUEPE YOUNG DEATH AUE 5	19 5 5
	f information death clearly	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, MARRIED, B. DATE OF BIRTH: 9. AGE last birthday: If UNDER I YEAR MONths Days  (Specify):	Hours   Min.
57	of of		TIZEN OF WHAT
BINDIN	eauses o	13. FATHER'S NAME;	
Z.	every ne can	Kussell Johns Magge Mallole	
FOR E	P ==	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Bay Mi service)	nette for
	Supply	Manual Ma	jona
즲		II DISPAGES OF CONDITIONS DIRECTLY LEADING TO DEATH.	NTERVAL BETWEEN
RESERVED	INK	1 -123.8 Author Trans	ONSET AND DEATH
S S	ple	Immediate cause  (a)  DUE TO	of managed ans.
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	N.S.	Antecedent cause(s)	
	DI	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
55	FA /sic	stating underlying cause last (c)	
MARGIN	I UNFADING., Physicians:	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	Y, WITH important.		0. AUTOPSY?
	₩ Fo	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,   21c. (City or town) (County)	Yes No No (State)
•		PRIMARY [] or CONTRIBUTING [] OF street, office bldg., etc., INJURY	(bulke)
	E PLAIN especially	2Id. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   2If. HOW DID INJURY OCCUR?   While at Not while   INJURY   M.   work   at work	
	Spe	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], In	
	ITE is es	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermi	ned cause [].
65	WRIT ge is	DEPUTY MEDICAL EXAMINER	49 5,55
ro r	ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county the County): 8/9/55 ONT Ston Day Minette,	Stame (State)
15A	PLE4	DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	ADDRESS
A)	PI	ang 5-1955 4. F. Keinet M. N. Celling to & famile &	race
70			

BUREAU V. S.

AUG 8 1955

BECEINED